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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/214,904 08/08/2002
and claims benefit of 60/444,728 02/04/2003 *SU*
and claims benefit of 60/449,671 02/24/2003
and claims benefit of 60/505,302 09/23/2003
and claims benefit of 60/534,950 01/08/2004

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 58	TOTAL CLAIMS 113	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SU</i>				

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TITLE

Sheet glass forming apparatus

FILING FEE RECEIVED 1695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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